2010 ELECTION CYCLE

GARAGE STATE Delbert Hosemann

| Political Committee | SECRETARY OF STATE |
|--|--|
| REPORT OF RECEIPTS AND DISBURSEMENTS | |
| 20 To audicial Election | ECEIVE |
| Name of Committee Lammittee to Elect Jes Smith | DEC 0 3 2010 |
| Address 2120 Front Street, Meridian, MS 39501 | |
| Telephone (601) 482-8783 Fax (601) 482-0117 | Campaign Finance Secretary of State |
| Treasurer Marrin B. Speek Email Marco electics mith. com | IDANIE SHAMP |
| Check here if above is different from previous report | |
| May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010) | |
| June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010) | Mandatory |

May 10, 2010 P November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates X Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting expenditures and has no outstanding campaign debt obligation) obligations

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred, in such case, the candidate shall submit a report indicating "6" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | | | -MICIA 1.2 | | |
|-------------------------------------|---------------|--------------|----------------|----|--------------------------|
| Total amount of an autom | itemized + No | n-Itemized = | This Period | | Calendar Year-To-Date |
| Total amount of contributions | 350.00 +\$ | 3, 140, 27 | \$ -0- | \$ | 3,450.29 |
| Total amount of disbursements | 2,374.15 | -0- | \$ 1,074.04 | \$ | |
| Total amount of cash on hand | | | \$ -0- | 1 | 3,450.29 |
| I certify that I have examined this | | | | | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

| Manage & Const. To the best of my knowledge a | nd belief it is true, accurate, and complete |
|--|--|
| Signature of Director or Treasurer | Decamber 3, 2010 |
| Authority: Refer to Miss. Code Ann. §23-15-901 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accomments. | |

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Dandidates for distanced. State discret, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or has to 801-359-1409 or 601-579-2819. 2. Candidates for countywide and county district offices should return forms to their sounty Circuit Clark.

| | Page | of |
|---|------|----|
| Reporting period October 24, 2010 through December 3, | | |

ITEMIZED DISBURSEMENTS

| A. Full name | - TAILI | 410 |
|---------------------------------------|---------------------------|--|
| Malling Address | (Mo., Day, | Amount of each disbursement this perio |
| P.O. Sex 722 City, State, Zip Gode | 12.1 3 / | |
| Purpose of Disbursement (Optional) | | |
| B. Full name Campaign Eastenses | Aggregat Year-to-da | a \$ 1,074.64 |
| Mailing Address | (Mo., Day, Ye | Amount |
| City, State, Zip Code | ' | |
| Purpose of Diabursoment (Optional) | '' | 5 |
| C. Full name | Aggregate Year-to-date | , s |
| Mailing Address | Date (Mo., Day, Yes | Amount of each disbursement this period |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | | . 5 |
| D. Full name | Aggregate Year-to-date | s |
| Mailing Address | Date (Mo., Day, Year | Amount of each disbursement this period |
| City, State, Zip Code | | 0 |
| Purpose of Disbursement (Optional) | | s |
| . Full name | Aggregate Year-to-date | s |
| failing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| lty, State, Zip Cocie | | \$ |
| urpose of Disbursement (Optional) | _'_'_ | S |
| Full name | Aggregate Year-to-date | S |
| Illing Address | (Mo., Day, Year) | Amount of each disbursament this period |
| y, State, Zip Code | _/_/_ | \$ |
| 'pose of Disbursement (Optional) | //_ | S |
| | Aggregate Year-to-date | s |